

ISSUE STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N/A	59	05/11/01
O.I.P.E. CLASSIFIER		1079	07/05/01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
(Through numeral)..... Canceled  
- ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
Final	Original
1	1/29/03
2	1/29/03
3	1/29/03
4	1/29/03
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Claim	Date
Final	Original
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Claim	Date
Final	Original
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149	1/29/03
150	1/29/03

If more than 150 claims or 10 actions  
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